



SUPREME COURT CLERK'S OFFICE
417 SOUTH KING STREET
HONOLULU, HAWAII 96813-2912

FINANCIAL DISCLOSURE STATEMENT

THIS SPACE FOR OFFICE USE ONLY

**Electronically Filed
Supreme Court
SCFD-11-0000258
28-APR-2020
08:51 AM**

Before completing this form please read the instructions for Financial Disclosure Statement, including the text of Supreme Court Rule 15. REMINDER: For all items requiring a monetary amount, the following financial range codes SHOULD be used.

- A - Less than \$1,000
- B - At least \$1,000 but less than \$10,000
- C - At least \$10,000 but less than \$25,000
- D - At least \$25,000 but less than \$50,000
- E - At least \$50,000 but less than \$100,000
- F - At least \$100,000 but less than \$150,000
- G - At least \$150,000 but less than \$250,000
- H - At least \$250,000 but less than \$500,000
- I - At least \$500,000 but less than \$750,000
- J - At least \$750,000 but less than \$1,000,000
- K - \$1,000,000 or more

TO BE FILED BY ALL FULL TIME AND PER DIEM JUDGES.

(Type only)

<p>NAME: <u>Nishimura</u> <u>Alvin</u> <u>P.K.</u> (LAST) (FIRST) (MIDDLE)</p> <p>OFFICE ADDRESS: <u>1111 Alakea Street</u> NUMBER, STREET</p> <p>CITY OR TOWN: <u>Honolulu</u> ZIP CODE: <u>96813</u></p>	<p>NAME OF SPOUSE OR DOMESTIC PARTNER: <u>Rotina</u></p> <p>No. of Dependent Children: (Do not include names) <u>0</u></p>	
<p>JUDICIAL POSITION HELD <u>District/Fam Judge 1st Cir</u></p>	<p>DATE OF APPOINTMENT <u>1/19/2005</u></p>	<p>OFFICE PHONE <u>402-468-8256</u></p>

CALENDAR YEAR COVERED BY THIS DISCLOSURE: 2019

ITEM RSCH 15(d)(1)	JUDICIAL COMPENSATION	ANNUAL INCOME				
		E				
ITEM RSCH 15(d)(1)	JUDGE'S OTHER INCOME (if income for services rendered exceeds \$1,000)	ANNUAL INCOME				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">EMPLOYER/LAW FIRM</th> <th style="width: 55%;">BUSINESS ADDRESS</th> </tr> </thead> <tbody> <tr> <td>Alvin Nishimura AAL</td> <td>P.O. Box 4510 Kaneohe, HI 96744</td> </tr> </tbody> </table>	EMPLOYER/LAW FIRM	BUSINESS ADDRESS	Alvin Nishimura AAL	P.O. Box 4510 Kaneohe, HI 96744	F
EMPLOYER/LAW FIRM	BUSINESS ADDRESS					
Alvin Nishimura AAL	P.O. Box 4510 Kaneohe, HI 96744					
ITEM RSCH 15(d)(1)	INCOME OF SPOUSE OR DOMESTIC PARTNER AND DEPENDENT CHILDREN (if income for services rendered exceeds \$1,000)	ANNUAL INCOME				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 75%;">EMPLOYER</th> </tr> </thead> <tbody> <tr> <td>Queen's Medical Center</td> </tr> </tbody> </table>	EMPLOYER	Queen's Medical Center	D		
EMPLOYER						
Queen's Medical Center						

ITEM 4 RSCH 15(d)(1)	ANY OTHER INCOME, FOR SERVICES RENDERED, IN EXCESS OF \$1,000 - INCOME DISCLOSED IN ITEMS 1 - 3 NEED NOT BE REPEATED HERE
-------------------------	---

SOURCE	NATURE OF SERVICES RENDERED	AMOUNT

Check here if entry is None Check here if you have attached additional sheets

ITEM 5 RSCH 15(d)(2)	EACH OWNERSHIP OR BENEFICIAL INTEREST, HELD IN ANY BUSINESS CARRYING ON BUSINESS IN THE STATE, HAVING A VALUE OF \$5,000 OR MORE OR EQUAL TO 10% OF THE OWNERSHIP OF THE BUSINESS.
-------------------------	--

NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	ENTER AMOUNT OR NO. OF SHARES

Check here if entry is None Check here if you have attached additional sheets

ITEM 6 RSCH 15(d)(2)	OWNERSHIP OR BENEFICIAL INTEREST UNDER ITEM 5 TRANSFERRED DURING THIS DISCLOSURE PERIOD
-------------------------	---

NAME OF BUSINESS	DATE OF TRANSFER	VALUE OF TRANSFER

Check here if entry is None Check here if you have attached additional sheets

ITEM 7 RSCH 15(d)(3)	LIST EACH OFFICERSHIP, DIRECTORSHIP, TRUSTEESHIP OR OTHER FIDUCIARY RELATIONSHIP HELD IN ANY BUSINESS.
-------------------------	--

NAME OF BUSINESS	TITLE AND TERM OF OFFICE	COMPENSATION (enter amount or NONE)
Hannah K Gilman Trust	Trustee	F

Check here if entry is None Check here if you have attached additional sheets

ITEM 8 RSCH 15(d)(4)	LIST CREDITORS, OTHER THAN CREDIT CARD ACCOUNTS, TO WHOM MORE THAN \$3,000 WAS OWED DURING THE DISCLOSURE PERIOD. LIST CREDIT CARD DEBT THAT EXCEEDED \$10,000 FOR SIX MONTHS OR MORE.		
	NAME AND ADDRESS OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OWED AT END OF YEAR

Check here if entry is None Check here if you have attached additional sheets

ITEM 9 RSCH 15(d)(5)	REAL PROPERTY IN THE STATE IN WHICH IS HELD AN INTEREST WITH A FAIR MARKET VALUE OF \$10,000 OR MORE.		
96744	POSTAL ZIP CODE OF LOCATION		VALUE J

Check here if entry is None Check here if you have attached additional sheets

ITEM 10 RSCH 15(d)(5)	REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000. ACQUIRED DURING THE DISCLOSURE PERIOD.			
	POSTAL ZIP CODE OF LOCATION	NATURE OF INTEREST	NAME AND ADDRESS OF PERSON RECEIVING CONSIDERATION	CONSIDERATION GIVEN

Check here if entry is None Check here if you have attached additional sheets

ITEM 11 RSCH 15(d)(5)	REAL PROPERTY, THE FAIR MARKET VALUE OF WHICH EXCEEDS \$10,000, TRANSFERRED DURING THE DISCLOSURE PERIOD.		
	POSTAL ZIP CODE OF LOCATION	NAME AND ADDRESS OF PERSON FURNISHING CONSIDERATION	CONSIDERATION RECEIVED

Check here if entry is None Check here if you have attached additional sheets

ITEM 12 CREDITOR INTEREST IN INSOLVENT BUSINESS HAVING A VALUE OF \$5,000 OR MORE.
RSCH 15(d)(6)

NAME OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

Check here if entry is None Check here if you have attached additional sheets

ITEM 13 GIFT(S) THAT MUST BE REPORTED UNDER RULE 3. 13(c) OF THE HAWAII REVISED CODE OF JUDICIAL CONDUCT.
RSCH 15(d)(7);
Rule 3. 13
Revised Code
of Judicial
Conduct

SOURCE	DESCRIPTION OF GIFT	ESTIMATED VALUE

Check here if entry is None Check here if you have attached additional sheets

ITEM 14 FULL-TIME JUDGES' APPROVED JUDICIAL EDUCATION
RSCH 15(d)(8)
& 22(h)

I attended _____ hours of Approved Judicial Education during the reporting period.

REMARKS: per diem conferences

See attached sheets.

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

SIGNATURE: /s/ Alvin Nishimura

DATE: 04/28/2020

NOTE: This filing is not valid without a signature.